

WATER W				// // C-J	7895		ion of Wate					
Original Record Correction Change in Well Use						Resources App					N	
			Fraction	1/4 1/4	Section Number			Township NumberRange NumberTSRDE		$\Box E \Box W$		
County: 2 WELL OV	WNIED. I	+ NI		First:		r Duro	1 Addross	whor				
Business: Address: Address:		Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:										
City: State: ZIP:												
3 LOCATE W WITH "X"		4 DEPTH	4 DEPTH OF COMPLETED WELL:				5 Latitu	ude: .			.(decimal degrees)	
	SECTION BOX. Depth(s) Groundwater Encountere							Longitude:(decimal degrees)				
N		ft., or 4) \Box Dry Well			Datum: 🗌 WGS 84 🔲 NAD 83 🗌 NAD 27							
		WELL'S STATIC WATER LEVEL: ft. below land surface, measured on (mo-day-yr)					Source for Latitude/Longitude:					
X	NE		above land surface, measured on (mo-day-yr)					$(WAAS enabled? \square Yes \square No)$				
			Pump test data: Well water was ft.					□ Land Survey □ Topographic Map				
w	E	after	after hours pumping gpm					Online Mapper:				
SW	SE	Well water was ft. after hours pumping gpm										
		Estimated Yield:					6 Elevation:ft. Ground Level TOC					
S			Bore Hole Diameter: in. to ft. and				Source: Land Survey GPS Topographic Map					
1 mile-			in. to ft.				□ Other					
7 WELL WATER TO BE USED AS:												
1. Domestic:	1		5. ☐ Public Water Supply: well ID 6. ☐ Dewatering: how many wells?									
Lawn & G			7. ☐ Aquifer Recharge: well ID							Uncased Geotechnical		
Livestock				g: well ID			12. Geothermal: how many bores?					
2. Irrigation												
3. Example Feedlot Air Spa 4. Industrial Recove							b) Open Loop □ Surface Discharge □ Inj. of Water 13. □ Other (specify):					
Was a chemical/bacteriological sample submitted to KDHE? \Box Yes \Box No If yes, date sample was submitted:												
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded												
Casing diameter ft., Diameter ft., Diameter ft., Diameter ft., Diameter												
Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No												
TYPE OF SCREEN OR PERFORATION MATERIAL:												
□ Steel □ Stainless Steel □ Fiberglass □ PVC □ Other (Specify)												
□ Brass □ Galvanized Steel □ Concrete tile □ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:												
□ Continuous Slot □ Mill Slot □ Gauze Wrapped □ Torch Cut □ Drilled Holes □ Other (Specify)												
Louvered	Shutter	🗌 Key Punch	ed 🗌 W	ire Wrapped	Saw Cut	🗌 No	ne (Open H	lole)				
				n ft. to								
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft. of the second secon												
Grout Intervals: From												
Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage												
Sewer Line			less Pool	Sewage L			uel Storage		Abando			
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify)												
Direction from well? ft.												
10 FROM	ТО		ITHOLOG		FRO		TO	LITH	HO. LOG (cont.) or	PLUGGIN	IG INTERVALS	
					Note	s:						
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my invisibilitien and was completed on (mo day year)												
under my jurisdiction and was completed on (mo-day-year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No This Water Well Record was completed on (mo-day-year)												
under the business name of												
Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565.												
-		eks.gov/waterwell		, and, Geology Section,	1000 D W Ja	erson St	., Suite 4 20,	Toper	a, minsas 00012-130		SA 82a-1212	